

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. | FILING DATE | | |
|---|----------|-----|---------------------|-----|---------------------|--------------|--------------|-----|--|
| | | | | | | APPLICANT(S) | | | |
| | | | | | | CLAIMS | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | |
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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